

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 049 ***150.00

DOCUMENT # 337958

1. Entity Name
HOMESTEAD POLE BEAN COOPERATIVE, INC.



Principal Place of Business
**26000 SOUTH FEDERAL HWY
P.O. BOX 322248
HOMESTEAD, FL 33032 US**

Mailing Address
**PO BOX 322248
HOMESTEAD, FL 33032-1548 US**

60002981



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1234713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEDIGER, WAYNE
26000 S. DIXIE HIGHWAY
HOMESTEAD, FL 33032**

Name **Thomas Borek**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOREK, RICHARD**
STREET ADDRESS **11490 SW 238 TERR**
CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **P** ☐ Change ☒ Addition
NAME **Thomas Borek**
STREET ADDRESS **14465 SW 256 St**
CITY-ST-ZIP **Naranja, FL 33032**

TITLE **VP D** ☐ Delete
NAME **DUNAGAN, LARRY**
STREET ADDRESS **14975 SW 232ND ST**
CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Borek**
STREET ADDRESS **23550 SW 153 Ave**
CITY-ST-ZIP **Homestead, FL 33032**

TITLE **T** ☐ Delete
NAME **BOREK, JOSEPH E. JR.**
STREET ADDRESS **600 N.E. 14TH ST.**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Michael Borek**
STREET ADDRESS **20025 SW 270 St**
CITY-ST-ZIP **Homestead, FL 33031**

TITLE **B S** ☐ Delete
NAME **FISHMAN, YALE**
STREET ADDRESS **13661 DEERING BAY DRIVE**
CITY-ST-ZIP **MIAMI, FL 33158**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P D** ☐ Delete
NAME **HEDIGER, WAYNE**
STREET ADDRESS **24155 S.W. 152ND AVENUE**
CITY-ST-ZIP **HOMESTEAD, FL 33187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOREK, STEVEN**
STREET ADDRESS **12110 SW 248 STREET**
CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Borek 1-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #